



MISSOURI DEPARTMENT OF HEALTH  
STATE PUBLIC HEALTH LABORATORY  
CMI INTOXILYZER 5000 MAINTENANCE REPORT

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN <u>66-002829</u>	DATE OF INSPECTION <u>11 May 2010</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>106 Progress Drive Sullivan MO 63080</u>	TIME OF INSPECTION <u>1025</u>

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

- ☒ DVM TEST: (.350 ± .150) .357
- ☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) Passed
- ☒ CHARACTER DISPLAY TEST Passed
- ☒ PRINT TEST (PRINTOUT ATTACHED) Passed
- ☒ TIME AND DATE Passed
- ☒ CALIBRATION CHECK —  
Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)
  - ☒ 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
  - ☐ 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 <input checked="" type="checkbox"/> <u>.095%</u>	TEST 2 <input checked="" type="checkbox"/> <u>.096%</u>	TEST 3 <input checked="" type="checkbox"/> <u>.096%</u>
---	---	---

- ☒ SIMULATOR TEMPERATURE (34° ± .2°C) 34°C
- ☒ PERFORM RFI TEST (PRINTOUT ATTACHED) Passed
- ☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS <u>0</u>	0-.04 <u>0</u>	.05-.09 <u>0</u>	.10-.14 <u>0</u>	.15-.19 <u>1</u>	Over .19 <u>0</u>
-------------------	----------------	------------------	------------------	------------------	-------------------

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Instrument is operating within D.O.H. specifications

MANUFACTURER: RepCo Marketing CONCENTRATION: .100% EXPIRES: 02-25-12 LOT #: 10001

INSPECTING OFFICER

SIGNATURE <u>Gregory A. West</u>	PRINT NAME <u>Gregory A. West</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>820165 05/19/10</u>	TELEPHONE NUMBER <u>573-468-8001</u>

### **CERTIFICATE OF ANALYSIS**


Random samples of lot number 10001 of Alcohol Certified Solution for simulator were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1205 gms/dl wt. /vol. ethyl alcohol.

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

When used in a calibrated simulator, operating at 34 c +/- .2 c, this solution will give an alcohol breath test instrument reading of .100 percent BAC +/- 3% or .003 BAC (whichever is greater).

The expiration date for this lot number is February 25, 2012 at 11:59PM.

This document is a true representation of the original Certificate of Analysis.

  
Cecil B. Garner, President  
RepCo Marketing, Inc.

State of Missouri  
DEPARTMENT OF HEALTH



PERMIT  
TYPE II



GREGORY WEST

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 05/19/08

Number 820165

Expires 05/19/2010

MO 590-0771 (7-88)

Eric C. Ostlund  
Director of State Public Health Laboratory

\_\_\_\_\_  
Director, Department of Health

Lab. 4 (R7-88)

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66-002829  
E735.23  
INVALID TEST  
INHIBITED - RFI

05/11/2010  
10:40

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

106 PROGRESS DRIVE SULLIVAN  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-002829  
05/11/2010

TEST	%BAC	TIME
AIR BLANK	.000	10:35
CAL. CHECK	.095	10:35
AIR BLANK	.000	10:36
CAL. CHECK	.096	10:36
AIR BLANK	.000	10:37
CAL. CHECK	.096	10:37
AIR BLANK	.000	10:37

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER<sup>®</sup> INSTRUMENT PRINTER CARD



© 1986 by CMI INC.

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66-002829  
E735.23

05/11/2010  
10:30

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789  
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789

THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

106 PROGRESS DRIVE SULLIVAN  
INTOXILYZER - ALCOHOL ANALYZER  
NO MODEL 5000 SN 66-002829  
05/11/2010

DIAGNOSTIC TEST 10:28

FROM CHECK	E735.23	PASSED
RAM CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		
SYNC PULSE		PASSED
SYNC SPEED		PASSED
NEG STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK  
ABCDEFGHIJKLMNOPQRSTUVWXYZ  
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER<sup>®</sup> INSTRUMENT PRINTER CARD



© 1986 by CMI INC.